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**NEW HAMPSHIRE** EPARTMENT OF STATE

ATE OF		STATE OF NEW HAMPSHIRE	
		2017 Statement of Income and Expenses	S
		for LOBBYISTS	
		(RSA Chapter 15)	
71715 2:3	PLEASE PRINT		DI
Name of Labbuig	+(a) Dr Mark V Io	DVCP	

I. Name of Lob	obyist(s) Dr. Mark \	/. Joyce		
II. Name of lob	byist's partnership,	firm or corporation, if a	ny:	
New Hampsh	nire School Admini	strators Association (N	HSAA)	
	(Name of partnership	, firm or corporation)		
46 Donovan	Street, Suite 3	Concord	NH	03301
Business Address		(Town/City)	(State)	(Zip Code)
(603) _225-32	20	(602) 225 2225	e-mail	iaa.@a.
(Telep)		_ (603)_225-3225_ (Fax	e-mank_ )	joyce@me.com
		one – file separate repo nich are not attributable		u may file a separate report for
✓ All reportab	le transactions occurr	ing in the months prior to	the reporting date relative	to the following client:
	(Full Name of	Client as it appears on the Lo	bbyist Registration Form)	
<u>OR</u>				
	e transactions by the particular client.	lobbyist (including the lob	byist's family), or the lobb	oying firm listed below which are
IV. Date of Rep	oort April 26, 20	17 <b>⊠</b> ′	July 26, 2017	
Reports cover:		registration to 3/31/17	activity from 4/1/17 to 6/3	
	October 25,		January 31, 2018	
	activity from 7/1	1/17 to 9/30/17	activity from 10/1/17 to 1	2/31/17
	ecked, complete just ti		transactions made sin the Secretary of State's Office	ce the last report.   Ce, State House, Room 204,
VI. Check if ad	ditional reports are	attached:		
	-		ile <b>Addendum A</b> – Fees an	nd Expenses
☐ If you have Expense Reimbox	*	or reimbursed expenses, yo	ou must file Addendum B-	- Report of Honorariums or
☐ If you, your	firm, or your family	has made political contrib	utions, you must file Adde	ndum C- Political Contributions
I have read RSA	nt/Affirmation by L 15 RSA 15-B, RSA the best of my know	14-C and RSA 664 and h	ereby swear or affirm that	the foregoing information is true
1/4	k/ 1.0.		4-17-1	7
(Signature of lo	bbyist)			(Date)
Mark V. Joyc				
(Print Name of	lobbyist)			

# PLEASE PRINT

# STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) _Dr. Mark V. Joyce					
II. Name of lobbyist's partnership, firm or corporation, if any:					
(Name of partnership, firm or corporation)	.1 .7 .7				
III. Name of Client NH School Administrators Association (NHSAA)	Date 4-17-17				
IV. Fees Received Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lobbying, including fees for services such as public advocacy, government relations, or public relations services including research, monitoring legislation, and related legal work. The gross fee amount reported shall not be reduced by any expenses:					
a) Total of all fees received in this reporting period	a) \$				
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ ear)				
c) Total of all fees received to date (Add lines a and b)	c) \$				
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$				
V. Expenses:  Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.					
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$				
b) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or less.	b) \$				
c) Total of all itemized expenditures reported in detail in section VI.	c) \$				

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from l period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	. \$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
Market ma	<u> </u>
(Signature of lobbyist)  Mark V. Joyce	(Date)
(Print Name of lobbyist)	

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# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

	ffirmation by Lobby te and Expenses for:			
Name of Lobbying par	rtnership, firm, or corpo	oration:		
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related	to any
particular client): Ne	w Hampshire School A	Administrators Association	n (NHSAA)	
Date of Report (check	one):			
April 26, 2017 ☑	July 26, 2017 □	October 25, 2017 □	January 31, 2018 □	
•	•		nd Expenses described abovumber of Addendum forms	
✓ Addendum A(	s).			
Addendum B(	s).			
Addendum C(	s).			
	m that the foregoing in my knowledge and bel		and each Addendum is true $4 - 17 - 17$ (Date)	ue and